

DIABETES ADVISORY COALITION – MEETING MINUTES

January 18, 2013 – Holiday Inn, Helena MT

<p>10:00-10:23AM Introductions - Sarah Brokaw</p>	<p>Everyone introduced themselves. Dorota Carpenedo is our new epidemiologist. Sarah gave a brief overview of the day's agenda.</p>
<p>10:30 – 11:15AM Improving Process and Increasing Revenue to Bring Value to the Patient and the Organization: Continuous Blood Glucose Monitoring Lisa Ranes, RD, CDE – Diabetes, Endocrinology & Metabolism, Billings Clinic, Billings MT</p>	<p>Overall: Lisa Ranes discussed how the Diabetes, Endocrinology and Metabolism Dept of Billings Clinic improved their processes of continuous glucose monitoring (CGM) and coding to improve patient outcomes and increase department revenue by reducing the number of missed charges and missed reads.</p> <p>Problem: Explained CGM and reports, then background on process issues. Some issues were missing charges, inconsistent process to provide testing results, inconsistent 6 month follow-up with patients to assess therapeutic changes, limited staff allowed to do application and removal of CGM, Outlook cumbersome for scheduling, and underutilization of CGM. Consistent practices were patient packet materials and use. There was lost revenue and ineffective patient care.</p> <p>Desired outcomes: were to increase annual CGM test volumes 100% to 13 tests per month and reduce missing test charges 100% to 0% by November 1, 2012. This would improve the process of CGM and coding to remove inconsistencies, reduce errors and increase revenue.</p> <p>Baseline: 68 annual count of CPT code and 28% missing charges Target: 150 annual count of CPT code and 0% missing charges Lean Six Sigma tools were used to assist the project: SIPOC, Process Map, Control Chart, Control Plan, and Rail. Benefits: \$28,778 net revenue Baseline data indicated problem with charge capture: Logs indicated 75 CGM/patients. Charges indicated 62 insertions, and 45 removals/downloads. 75 had insertion only 62 were charged.</p> <p>Intervention: The process was flowcharted to identify the waste, rework, and bottlenecks. They removed inconsistencies and replaced two different blood glucose monitors with dexcom monitors. Then, created a future state process map to analyze the process. Improvements were made using process changes, which included power plans, electronic device schedule (Cerner), team-created practice guidelines, and more staff trained to do the insertions with consistent procedures and charting templates. Team education will be ongoing. The process is now automated. Billed for correct reimbursement fees. Currently capturing more of their charges and reads.</p> <p>Outcomes: Reimbursement analysis showed \$4,000 savings to the bottom line. Benefits: improved patient outcomes, increased revenue, easier process for CGM, and improved employee and patient satisfaction.</p> <p>Future: They will be using RAIL to manage actions and associate accountability and are now in the control phase to monitor and sustain improvements and responsibilities. The process needs to be followed, and providers need to be reminded of service.</p> <p>Shared information on The ENDO Trial investigating the EndoBarrier medical device designed to decrease blood sugar.</p> <p>New partnership between Billings Clinic and the Mayo Clinic.</p>

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11:15 – 11:30AM	Break
<p>11:30 – 12:00PM</p> <p>Montana Arthritis Program -</p> <p>Heather Beck and Emily Epperson – Montana Arthritis Program, Helena MT</p>	<p>New CDC funded grant. Arthritis is a collection of 100 different diseases and a leading cause of disability. In 2009, 28% of Montanans reported dx with arthritis and 48% reported usual activity limitations due to joint symptoms. Goal over a 5 year period to increase outreach to 14,625 Montanans. Trying to get sites recruited to implement and deliver three arthritis appropriate interventions.</p> <p>AFEP Arthritis Foundation Exercise Program.</p> <ul style="list-style-type: none"> • Low impact recreational exercise with health ed topics. • Reduces pain and stiffness helps to maintain or improve mobility muscle strength and functional ability. • Variety of exercises that can be performed while setting standing or lying down. 90 exercises. • One hour long class offered 2-3 times per week for 8-12 weeks. • Erin Adams in Billings Clinic is the master trainer. Hoping for one other trainer. <p>Walk with Ease Program WWEP (group program)</p> <ul style="list-style-type: none"> • Combines self-paced walks with education about health. • Walk at self-selected speed and distance. • One hour long sessions 2-3 times per week for 8 weeks. • ½ day training to become a trainer. <p>Chronic Disease Self-management Program (CDSMP)</p> <ul style="list-style-type: none"> • Workshop for people with 1 or more chronic health conditions focusing on chronic disease mgmt skills • Designed to increase self-confidence physical and psychosocial well-being and motivation to manage chronic disease challenges • 2 hour workshops offered once per week for 6 weeks • VA received grant to have two master trainers. <p>Offered mini grants for sites interested up to \$5,000 for first year of implementation. Currently funding 25 sites and looking to add more in the spring. Year 2 and beyond site will receive minimal funding as sites should become sustainable. 30 applications were sent out.</p> <p>Referrals requested: DPP participants and diabetes patients may want to be referred to one of the Walk With Ease programs. A list of program locations was provided for referrals.</p> <p>Arthritis Among Montana Adults with Diabetes Surveillance Report is available at: http://www.dphhs.mt.gov/publichealth/diabetes/documents/arthritisanddiabetes.pdf</p>
<p>American Diabetes Association Clinical Practice Guidelines</p> <p>Elisabeth Mann, RN, CDE</p>	<p>Overall: Elisabeth discussed the key clinical practice updates for 2013.</p> <p>Reviewed</p> <ul style="list-style-type: none"> • Criteria for Diagnosis - A1C >6.5; Fasting plasma glucose >126 mg/dl; 2-h PG >200 mg/dl during an OGTT; random PG >200 mg/dl • Recommendations for glycemic control - A1C <7, Pre-prandial capillary glucose 70-130 mg/dl • Key tests/exams • Testing for Diabetes

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	<ul style="list-style-type: none"> • Prevention of type 2 Diabetes • Lipid and Blood Pressure Goals – systolic goal changed to <140 mmHg goal for people with diabetes • Categories of increased risk for Diabetes • Nutritional recommendations
	Lunch
<p>1:00-1:30P</p> <p>Does Age or Group Size Impact Weight Loss Outcomes in the Montana Cardiovascular Disease & Diabetes Prevention Program? - Montana Chronic Disease Prevention & Health Promotion Bureau, Helena MT</p>	<p>Overall: The Montana Diabetes Project is funding 15 DPP sites state wide and some telehealth sites. Also have a CMS special grant for Medicaid participants. Over 100 Medicaid members enrolled in the program in 2012. Conducted an analysis with 2008-2011 data.</p> <p>Question for this analysis is does age or group size impact weight loss outcomes among participants in an adapted DPP?</p> <p>Results for Age for 2008-2011 sample</p> <ul style="list-style-type: none"> • Age 18-44: 28% achieved 7% weight loss goal • Age 44-65: 40% achieved the goal • Age 65 and up: 44% achieved the goal <p>Men were more likely than women to lose weight. Older kept track of diet and physical activity better, and men were more likely than women to keep track.</p> <p>Results for Group Size for the 2011 sample – Bivariate analyses were used and multiple regression.</p> <p>Median group size range 16 (8-38); Age median 53.4; 82% female; Number of core session attended =13; 36% achieved 7% weight loss goal. Smaller groups were heavier at baseline. Larger group sizes attended more sessions. Results show that group size does not matter for weight loss outcomes.</p> <p>Legislative Update! Our Division will be presenting our budget to sub-committee. We have new requests for state funding. Additional \$125,000 for DPP to fund more sites and telehealth. Also, requesting new funding for tobacco that which was cut \$750,000 to enhance youth programs and to fund Quit Line and funds to support poison control hot line. New grants to ask authority for arthritis, community transformation, and Medicaid grants, which were received between the legislative sessions.</p> <p>School Health: Division working on updating State of Montana Administrative Rules for School health. Last updated in 1986. Katie Loveland is drafting them out and will get key stakeholders involved.</p> <p>Marci Butcher leading a workgroup on school health and delegation for Type 1. Partnering with Montana Association of School Nurses. Board of Nursing recognizes this issue. Much work planned for 2013, such as looking at policies to keep kids safe at school.</p>
Establishing a Peer Support Network for	<p>Goal of the Peer Support Network for Amputees is to support peer support capacity in the US and would like to build this up in Montana for people with amputee. It is a donor supported voluntary health organization.</p>

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<p>Amputees – Amputee Coalition Representatives</p>	<p>Statistics: 1.9 million people living with limb loss in the US. In 2010 diabetes affected 25.8 million Americans and diabetes is the leading cause of limb loss in the US. The cost of limb loss annually (not including prosthesis and rehab) is more than \$8.3 billion. Five year prosthetic costs are estimated to be as high as \$450,000 per person and the 5 year mortality rate for amputees is between 50% and 74%.</p> <p>Peer support program includes visitation, training, certification and recertification, peer matching, materials for new amputees and connection of new amputees to a peer of similar background. Also provide ongoing technical support and program refinement for peer visitors. We train peers to go out to visit amputee, certify them and provide them appropriate materials. Peer visitors must be an amputee who had the amputation at least a year out.</p> <p>Contact 888-267-5669 amputee-coalition.org</p> <p>Amputee Coalition (AC) designs curriculum, trains hospital based peer visitor trainers, materials and handouts. Local Hospital and Rehab Centers that join the coalition, agree to use AC materials and follow guidelines, assign a trainer, refer new amputees for peer support and new amputees with information</p> <p>Hospital Trainer/coordinator attends ac trainer course then trains local peer visitors, uses AC for technical assistance, use AC materials, provides AC with feedback for program refinement.</p> <p>Fees Individuals who want to join coalition are free. For professionals and hospitals there is a membership fee. Hospital fee higher than individual fee's. Doctors and nurses are \$150. Orthotics or prosthetic's \$450. Must be someone working with amputees.</p> <p>Benefits For those who have had peer visit, there is a significant increase in their outcomes. They have described these visits as helpful and life changing. Gives people hope. Peer visitors may get multiple calls.</p> <p>Action needed No hospitals in Montana are currently participating but hoping to recruit the major hospitals to be part of this network and get the programs in their facilities. No financial support from ADA but coordinated some projects. Contract with VA hospitals in US. Expansion is planned. Brainstorm on hospitals in MT, rehab centers, PT/OT, or wound care centers as possible new sites. Help with cold calls.</p> <p>Data analysis Dorota will run Mt hospital discharge data and submit to sstout@amputee-coalition.org.</p> <p>Remote access Piloting project teaching certain number of per visitors to Skype a visit. Could still be meaningful even if they are states apart.</p>
<p>2:00 – 2:15pm</p>	<p>Break</p>
<p>2:15 – 2:35pm Year in Review and Seeking Your Input on 2013 Plans -</p>	<p>Discussed during closing.</p>

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January 18, 2013 – Holiday Inn, Helena MT

<p>Sarah Brokaw, MPH – Montana Diabetes Project, Helena MT</p>	
<p>2:35 – 2:50pm Updates from the American Diabetes Association – Elise Coy, ADA Bozeman MT</p>	<p>Events. Family Next Montana annual family retreat at Fairmont Feb 8-10. Cost remains the same. Working on financial aid for families. Family link committee is giving families a chance to get together. 40 people at the reef water park. Bowling in Bozeman today. Nurse contact to get it to nurses and on Facebook. Getting a flyer together.</p> <p>Camp Summer MT youth retreat accredited by Am Camping Assn. Camp Montana July 21-July 25. Doing bus from west side, and also want to get a bus from east side. Will need more volunteers. Will be flexible with professionals on time commitments. Applications beginning of March. Question on if pharmacy students could volunteer for camp? Yes! Will try to get them involved. Beartooth Mountain Christian camp. Rafting for older kids. May only lengthen week for older kids. Want to find other activities for the kids. BBQ last day. Using Camp MT as name now but want to talk to kids at camp new suggestions or go back to the old name Camp Diamont.</p> <p>Tour de Cure had 172 riders & 28 teams. This year's ride is Sept 14. Have started monthly promotions and communications with riders. Brochure goes over family link. Wisdom kit available from ADA. Brochures & posters available end of March.</p> <p>Stop Diabetes MT license plate discussion. Email Janie to see if people might be interested to buy. Diane and Marci will contact Indiana to find out how their plate has done. ADA sponsors plate in Indiana http://www.in.gov/bmv/2775.htm</p>
<p>2:50 – 3:00pm Topics for Next Meeting and Closing</p>	<p>Topics</p> <ul style="list-style-type: none"> • Dentists and their role in diabetes or providing oral health care for people with diabetes. (Mary said team-based care on the reservation included dentists who oftentimes were the first to notice signs) • National Diabetes Month • Grant Creek Family Medical to talk about Medical Home and Shared Appts. • Sebastian White on NQCA Recognition • WIC to focus on children with diabetes and mothers with GDM. • Abby from the mental health community interested on being the Coalition. • Update on legislative session outcomes and administrative rules. <p>Closing</p> <ul style="list-style-type: none"> • Met most of our goals for 2012. • Applying for a new 5 year grant with the Cardiovascular Health, Nutrition & Physical Activity, and Adolescent & School Health Programs. Goal is to collaborate on the 4 National Chronic Disease Prevention & Health Promotion Domains: 1) epidemiology & surveillance, 2) environmental approaches, 3) health system interventions, 4) community linkages. • New 5 year state plan will be developed for diabetes. Coalition involved. • Contact us for any speaker or topic ideas for the upcoming diabetes professional conference in October. Evaluations from last year provided

Present: Susan Day, Sarah Brokaw, Chris Jacoby, Elisabeth Mann, Jane Fitch-Meszaros, Elise Coy, Doris Biersdorf, Harry Israel, Mary Douglass, Sue Larsen, Gayle Hudgins, Meg Traci, Dorota Carpenedo, Chris Sorli, Lisa Ranes, Marci Butcher, Elisabeth Mann, Diane Arave, Deb Bjorsness, Todd Harwell.